PTO/SB/05 (05-03)
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|---|---|--|-----------------------------|---|--|
|   | UTILITY   | Attorney Docket No.                        | SSI5AU                      | ISA   |  |
| PAT   | ENT APPLICATION   | First Inventor                             |                             | on et al  | · · · · · · · · · · · · · · · · · · ·  |
|   | TRANSMITTAL   | Title                                      | Therape                     | eutic TB V  | Jaccine  |
| (Only for new n   | onprovisional applications under 37 CFR 1.53(b))  | Express Mail Label No.                     |                             |   |  |
|   | PPLICATION ELEMENTS or 600 concerning utility patent application contents.                            | ADDRESS TO:                                | Mail Stop Pa<br>P.O. Box 14 | ner for Patents<br>atent Application<br>50<br>VA 22313-1450   | S. P.1   |
| 1. X Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) Applicant claims small entity status. See 37 CFR 1.27. 3. X Specification Pascriptive itle of the Invention Cross Reference to Related Applications Statement Regarding Fed sponsored R & D Reference to sequence listing, a table, or a computer program listing appendix Background of the Invention Brief Description of the Drawings (if filed) Detailed Description Claim(s) Abstract of the Disclosure  4. X Drawing(s) (35 U.S.C. 113) [Total Sheets 7] 5. Oath or Declaration Newly executed (original or copy)  b. Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)  i. DELETION OF INVENTOR(s) Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).  7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)  8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)  8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. CD-ROM or CD-R (2 copies): or  ii. CD-ROM or CD-R (2 copies): or  iii. X Paper  c. Statements verifying identity of above copies  ACCOMPANYING APPLICATION PARTS  10. 37 CFR 3.73(b) Statement Power of (when there is an assignee) Actomyter Reader Form (CRF)  b. Specification Sequence Listing on:  ii. CD-ROM or CD-R (2 copies): or  iii. X Paper  c. Statements verifying identity of above copies  ACCOMPANYING APPLICATION PARTS  11. Statement (IDS)PTO-1499 Citations  12. Information Disclosure Statement (IDS)PTO-1499 Citations  13. Preliminary Amendment  14. Ketum Receipt Postoard (MPEP 503) Schould be specifically itemized)  15. Certified Copy of Priority Document(s) (if foreign priority is claimed) Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 |   |  |                             | r copies PARTS ment(s)) wer of corney ble) pies of IDS ations |  |
|   | NG APPLICATION, check appropriate box, and su   | 17. St. Other: .S.t.a                      | CFR 1.8                     | 321 (I)   |  |
| 18. If a CONTINUI specification follow  | NG APPLICATION, check appropriate box, and su<br>ing the title, or in an Application Data Sheet under | рріу ше тециізке іпіотпакс<br>37 CFR 1.76: | ni below and                | u.oot oem   |  |
| Continuati  | on Divisional Continu   | nation-in-part (CIP) of p                  | rior application            | n No.:  |  |
| Prior application information: Examiner Art Unit:  Prior application information: Examiner For CONTINUATION OF DIVISIONAL APPS only; The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.  The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.  |   |  |                             |   |  |
|   | 19. CORRESPO  | DENCE ADDRESS                              |                             |   |  |
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|   | thy A. Kodroff, HOWSON AND  |  |                             |   |  |
| A n/ n/ n n n n   | ne Spring House Corporate Cer   | nter                                       |                             |   |  |
| 0.4   | ox 457  | State PA                                   |                             | Zip Code  | 19477  |
| Country US  | 1   | Telephone 215-540-                         | -9200                       | Fax 2   | 15-540-5818  |
| Name (Print/Type)   Cathy A. Kodroff   Registration No. (Attorney/Agent)   33,980   |   |  |                             |   |  |
| Signature   | Cathyakodion  |  |                             | Date  | 7/11/03  |

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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| FEE | TRANSMITTAL |  |
|-----|-------------|--|
|     | for FY 2003 |  |

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

| (\$) 954.00 |
|-------------|
|-------------|

| Complete if Known    |                |  |  |
|----------------------|----------------|--|--|
| Application Number   |                |  |  |
| Filing Date          | July 11, 2003  |  |  |
| First Named Inventor | Andersen et al |  |  |
| Examiner Name        |                |  |  |
| Art Unit             |                |  |  |
| Attorney Docket No.  | SSI5AUSA       |  |  |

| METHOD OF PAYMENT (check all that apply)                                  | FEE CALCULATION (continued)  |             |  |
|---|--|-------------|--|
| Check Credit card Money Other None  | 3. ADDITIONAL FEES   |             |  |
| Order - Order   | Large Entity   Small Entity  |             |  |
| ✓ Deposit Account:  | Fee Fee Fee Fee Fee Description  Fee Pee Fee Fee Fee Pee Pee Fee Pee Fee F   | aid         |  |
| Deposit<br>Account 08-3040  | Code (\$) Code (\$)  1051 130 2051 65 Surcharge - late filing fee or oath  | ×124        |  |
| Number  | 1051 130 2051 05 Surcharge - late provisional filing fee or  | $\neg$      |  |
| Deposit<br>Account HOWSON AND HOWSON                                      | cover sheet  | $\neg \neg$ |  |
| Name The Director is authorized to: (check all that apply)                | 1053 130 1053 130 Non-English specification  | _           |  |
| Charge fee(s) indicated below Credit any overpayments                     | 1812 2,520 1812 2,520 For filing a request for <i>ex parte</i> reexamination   |             |  |
| Charge any additional fee(s) during the pendency of this application      | 1804 920* 1804 920* Requesting publication of SIR prior to Examiner action   |             |  |
| Charge fee(s) indicated below, except for the filing fee                  | 1805 1,840* 1805 1,840* Requesting publication of SIR after  |             |  |
| to the above-identified deposit account.                                  | the state of the s | $\neg$      |  |
| FEE CALCULATION   | 1251 110 2251 55 Extension for reply within first month 1252 410 2252 205 Extension for reply within second month  | ]           |  |
| 1. BASIC FILING FEE   | 1252 410 2252 205 Extension for reply within third month   |             |  |
| Large Entity Small Entity Foo Bold  | 1253 930 2253 465 Extension for reply within fourth month  | ]           |  |
| Fee Fee Fee Fee Description Fee Fature Code (\$) Code (\$)                | The standard for any law within 66th month   | $\Box$      |  |
| 1001 750 2001 375 Utility filing fee 750.00                               | 1 1200 1,070   2000  | [           |  |
| 1002 330 2002 165 Design filing fee                                       | 1401 320 2401 160 Notice of Appeal   |             |  |
| 1003 520 2003 260 Plant filing fee  | D. Control Security S |             |  |
| 1004 750 2004 375 Reissue filing fee                                      | 1400 200 2100  |             |  |
| 1005 160 2005 80 Provisional filing fee                                   | - m  |             |  |
| SUBTOTAL (1) (\$) 750.00  |  |             |  |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE                               |  |             |  |
| Fee from  Extra Claims below Fee Paid                                     | 1  |             |  |
| Total Claims 22 -20** = 2 X 18 = 36                                       | 1503 630 2503 315 Plant issue fee  |             |  |
| Independent 5 3** = 2 x 84 = 168  | 1460 130 1460 130 Petitions to the Commissioner  | ]           |  |
| Claims Multiple Dependent   | 1807 50 1807 50 Processing fee under 37 CFR 1.17(q)  |             |  |
| Large Entity   Small Entity   | 1806 180 1806 180 Submission of Information Disclosure Stmt  |             |  |
| Fee Fee Fee Fee Fee Description Code (\$) Code (\$)                       | 8021 40 8021 40 Recording each patent assignment per property (times number of properties)   |             |  |
| 1202 18 2202 9 Claims in excess of 20                                     | 1809 750 2809 375 Filing a submission after final rejection  |             |  |
| 1201 84 2201 42 Independent claims in excess of 3                         | (37 CFR 1.129(a))  |             |  |
| 1203 280 2203 140 Multiple dependent claim, if not paid                   | 1810 750 2810 375 For each additional invention to be examined (37 CFR 1.129(b))   |             |  |
| 1204 84 2204 42 ** Reissue independent claims over original patent        | 1801 750 2801 375 Request for Continued Examination (RCE)  |             |  |
| 1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent | 1802 900 1802 900 Request for expedited examination of a design application  |             |  |
| SURTOTAL (2) (\$) 204.00  | Other fee (specify)  |             |  |
| **or number previously paid, if greater; For Reissues, see above          | *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)  |             |  |

SUBMITTED BY

Name (Print/Type)

Cathy A. Kodroff

Registration No. (Attornev/Agent)

Signature

(Complete (if applicable)

Telephone 215-540-9200

Date July 11, 2003

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